

Flexible Analysis of Electronic Medical Record Data with Composite Mixture Models

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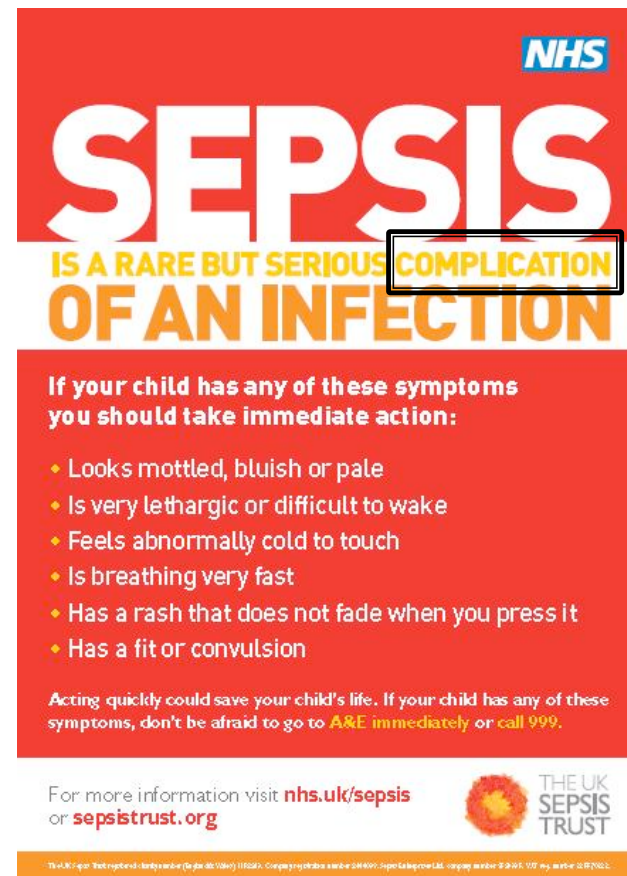
CASIS

May 17, 2017



Towards Mortality Risk Stratification in Sepsis

- Sepsis is *costly*
 - As of 2011, sepsis affects nearly 1 million Americans in hospitals (28-50% mortality) and costs nearly \$20 billion every year
- Sepsis is *heterogeneous* in its presentation
 - Elderly, young, immuno-compromised and those with pre-existing conditions are particularly at risk
- Sepsis is *difficult* to recognize and treat
 - Fever, chills, rapid breathing and heart rate, disorientation & confusion
 - Mortality increases by 7.6% with every hour anti-microbial administration is delayed after onset of hypotension (Kumar et al., 2006)



NHS

SEPSIS

IS A RARE BUT SERIOUS **COMPLICATION** OF AN INFECTION

If your child has any of these symptoms you should take immediate action:

- ♦ Looks mottled, bluish or pale
- ♦ Is very lethargic or difficult to wake
- ♦ Feels abnormally cold to touch
- ♦ Is breathing very fast
- ♦ Has a rash that does not fade when you press it
- ♦ Has a fit or convulsion

Acting quickly could save your child's life. If your child has any of these symptoms, don't be afraid to go to **A&E** immediately or call 999.

For more information visit nhs.uk/sepsis or sepsistrust.org

THE UK SEPSIS TRUST

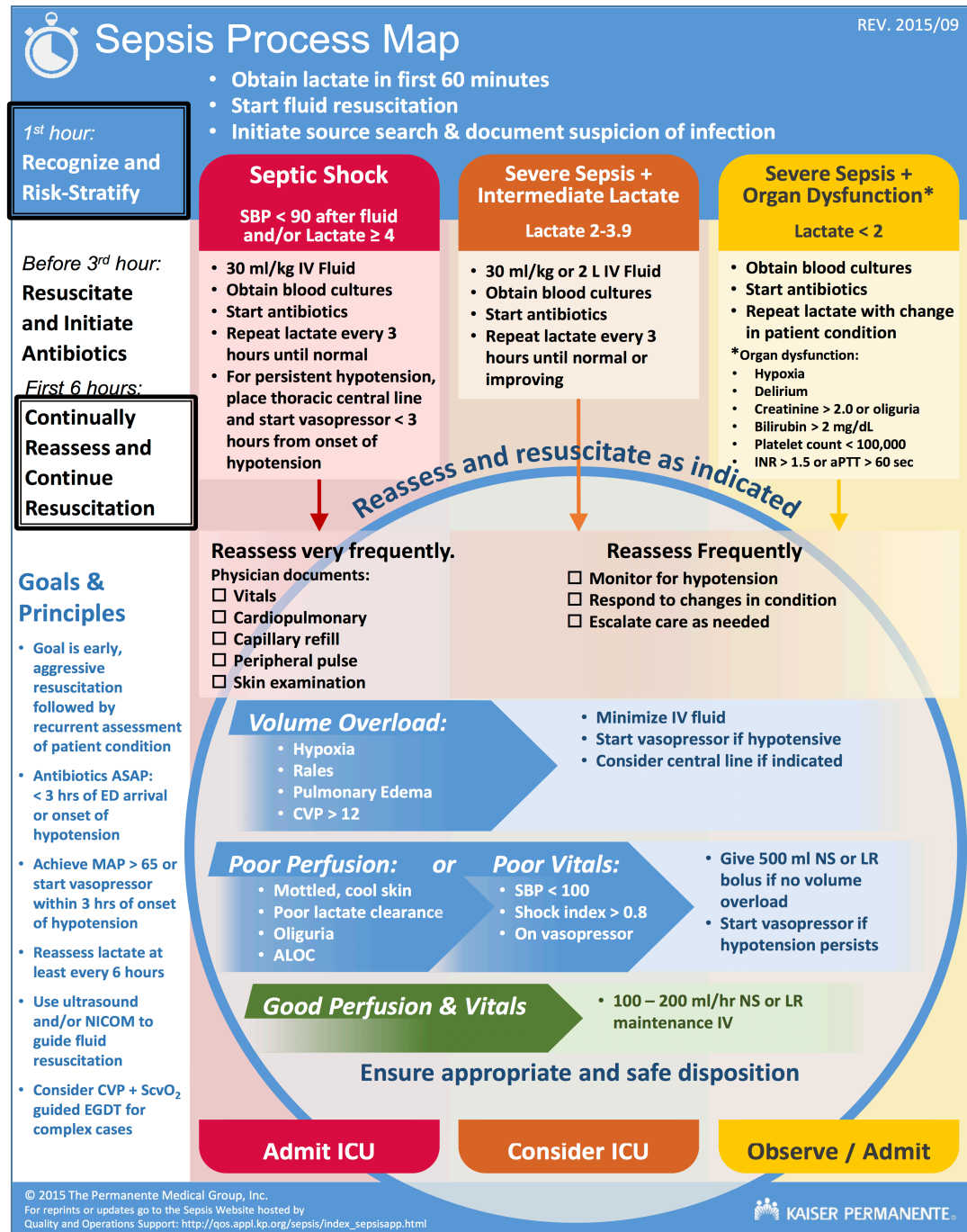
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https://www.nigms.nih.gov/education/pages/factsheet_sepsis.aspx

<http://sepsistrust.org>

Sepsis Detection and Treatment at Kaiser Permanente Northern California

- Clear and present need to:
 - Stratify patients accurately using all relevant observations
 - Detect physiological changes associated with adverse outcomes as early as possible
 - Identify *clinically actionable* signatures of physiological deterioration of patient



Composite Mixture Models: Flexible Analysis of Multi-Typed Data from Heterogeneous Populations

$$\Pr(x|\Theta) = \sum_{k=1}^K \pi_k \prod_{i=1}^{|x|} \Pr_i(x_i|\theta_{k,i})$$

Proportion of population
belonging to component k

Parameters specific to
component k and
dimension i

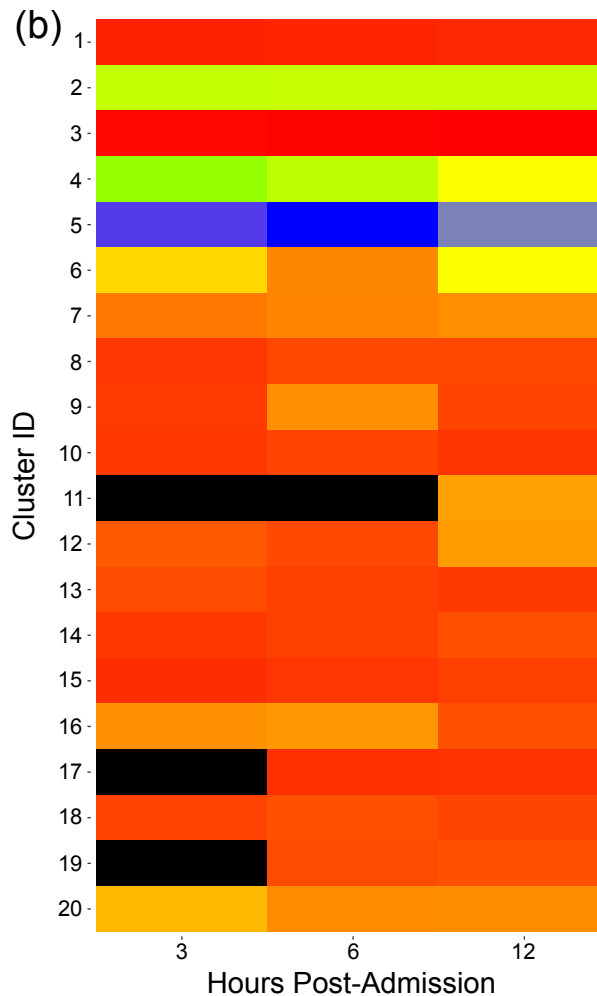
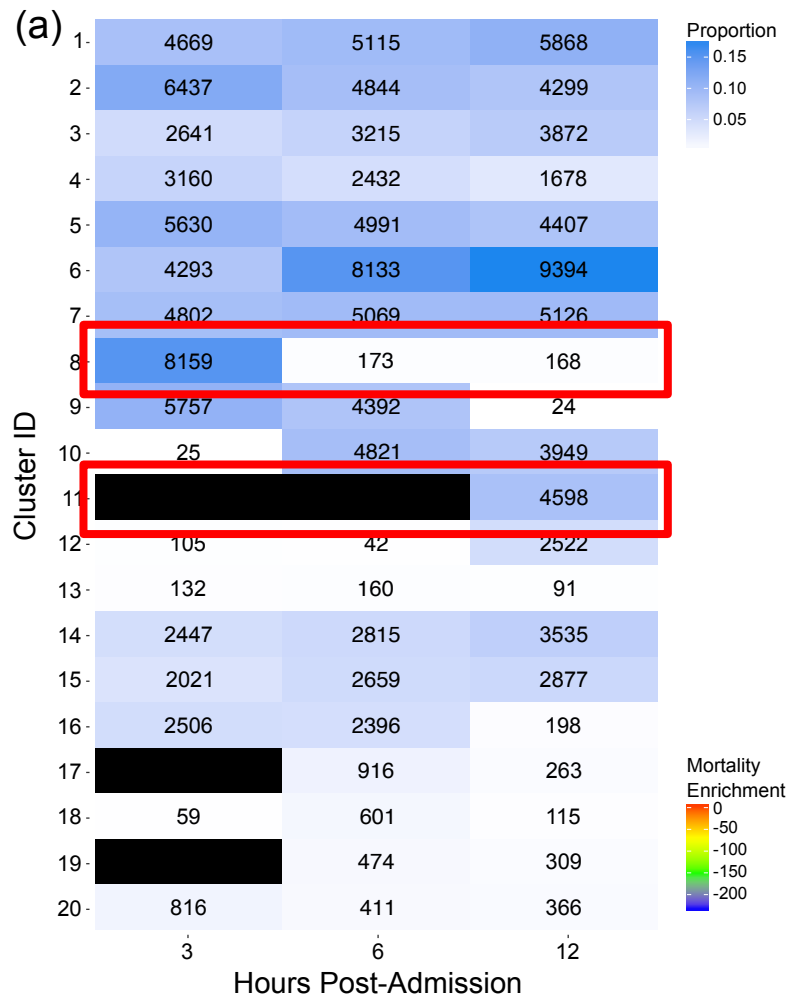
- We assume that:
 1. Population is heterogeneous (can be divided into subgroups or components)
 2. Each observation dimension can be modeled with an appropriate univariate, exponential family distribution (\Pr_i)
 3. Observation dimensions are independent of one another given mixture component
- Complex dependencies can be recovered by averaging over a sufficient number of mixture components

Sales et al., 2013; Wasson & Sales, 2014

Description of KPNC EMR Analysis Cohort

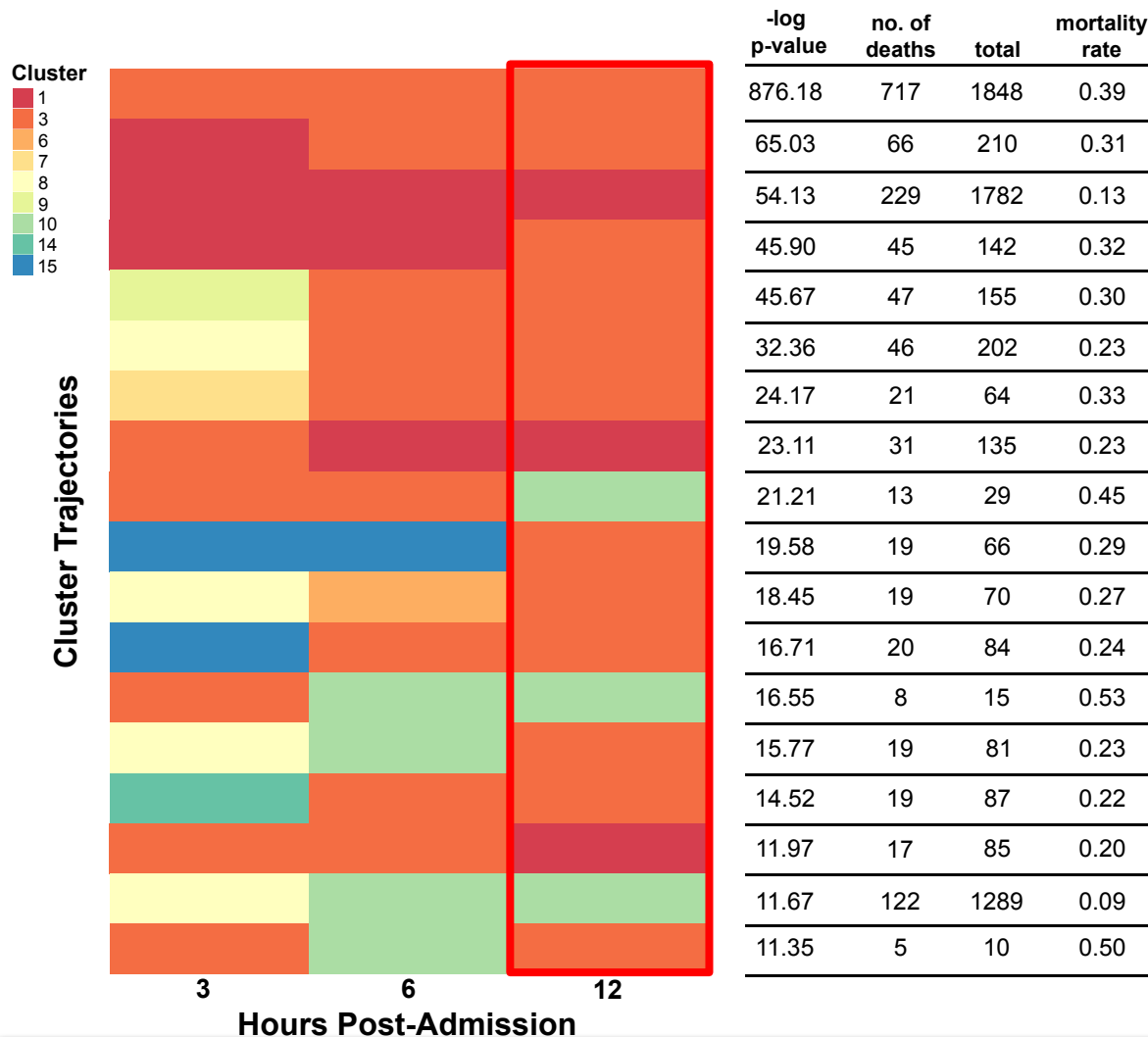
- EMR observations:
 - Are both static (e.g. gender) and dynamic (e.g. patient vital signs)
 - Are both discrete (e.g. diagnosis codes) and continuous (e.g. acute disease burden)
 - Tend to have missing entries
- 53,659 emergency department hospitalizations (~46k patients)
 - Minimum of 12-hour stay
 - At least 3 vitals obs. at 3 hours of stay
 - Patient had suspected or confirmed infection
 - Mortality rate: 6.4%, Mean age: 67yo, 51% female
- Admission/Demographic features:
 - age, sex
 - LAPS2, COPS2 – measures of acute & chronic illness, respectively
 - Kaiser-specific variables (Facility code, Membership indicator, Transport from non-KP facility indicator)
- Vitals features:
 - Median, max, min, and standard deviation at 3, 6 and 12 hours post-admission

Inferred Physiological Space is Complex



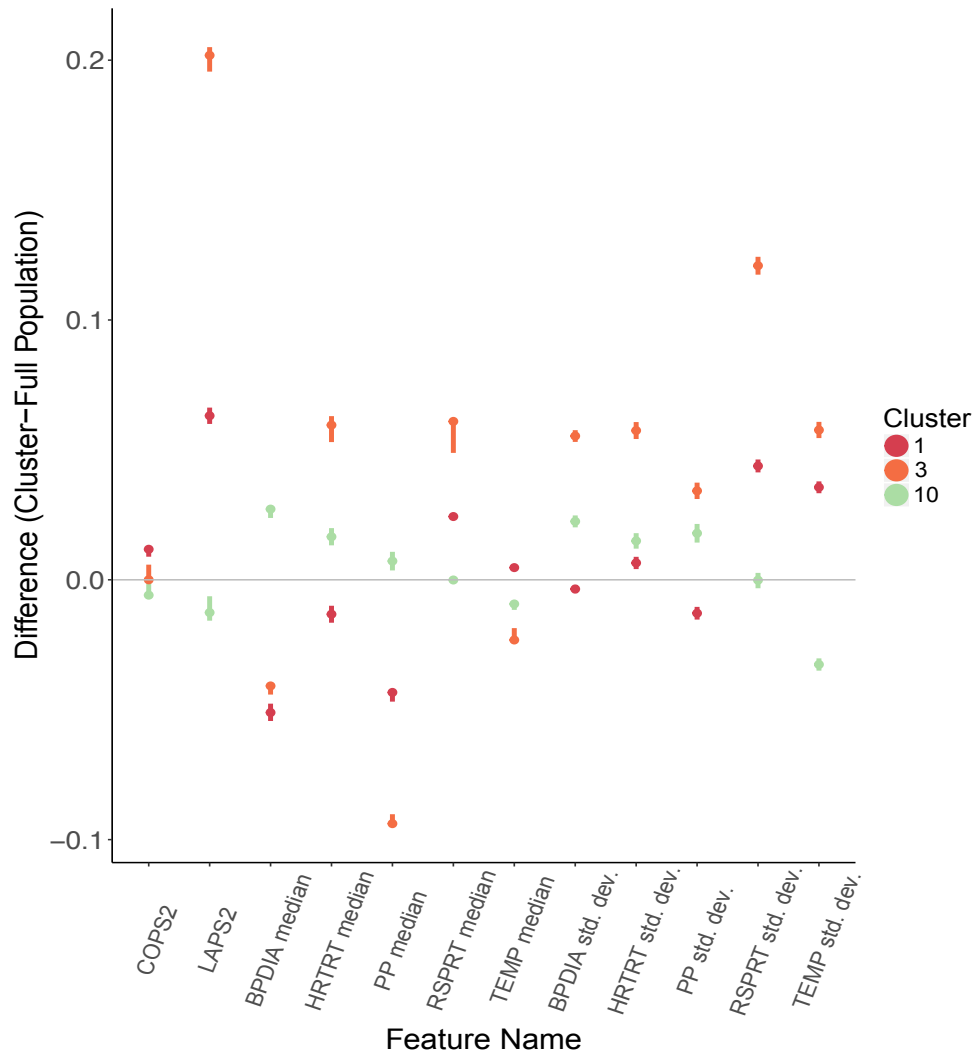
- Patients associated with different clusters over hospitalization
- Some clusters appear transient
- Clusters show different enrichment for mortality events

CMMs Reveal Temporal Patterns that Aid Risk Stratification of Septic Patients



- Cluster trajectories consist of joint cluster assignments at 3, 6 and 12 hours post-admission of each episode
- Shown are top 18 trajectories associated with mortality events

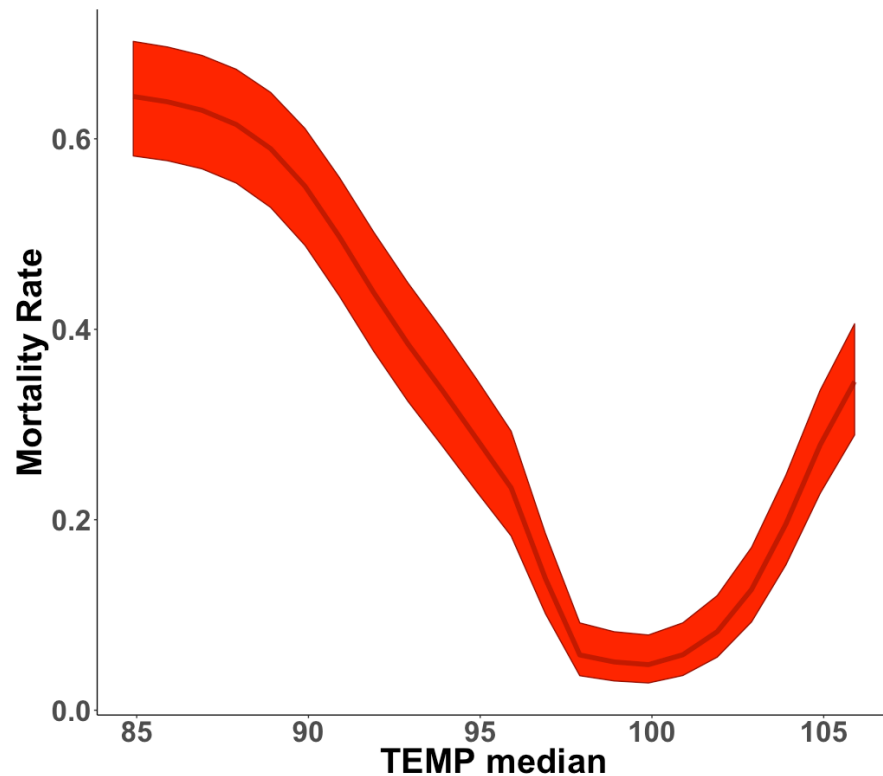
CMM-Based Cluster Analysis Identifies Physiologically Distinct Sub-Populations



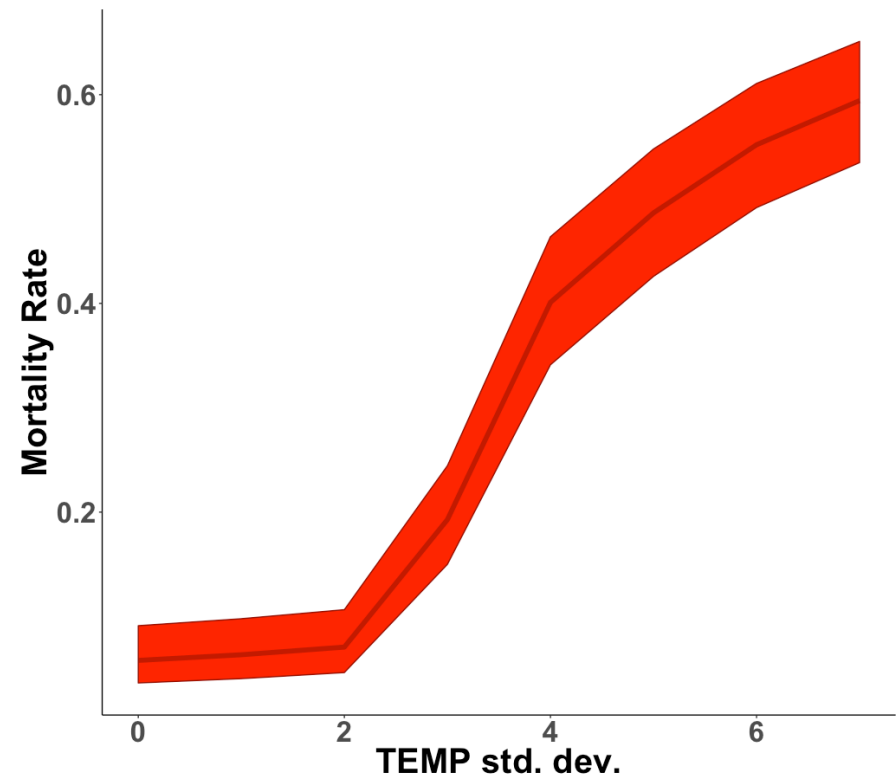
- LAPS2 and COPS2 are KPNC measures of *acute* and *chronic* disease burden, respectively
- Shown are estimated differences between physiological features from mortality-enriched CMM clusters 1, 3, and 10 at 12h post-admission

CMMs Enable Visualization of Physiological Trends Associated with Elevated Mortality Risk

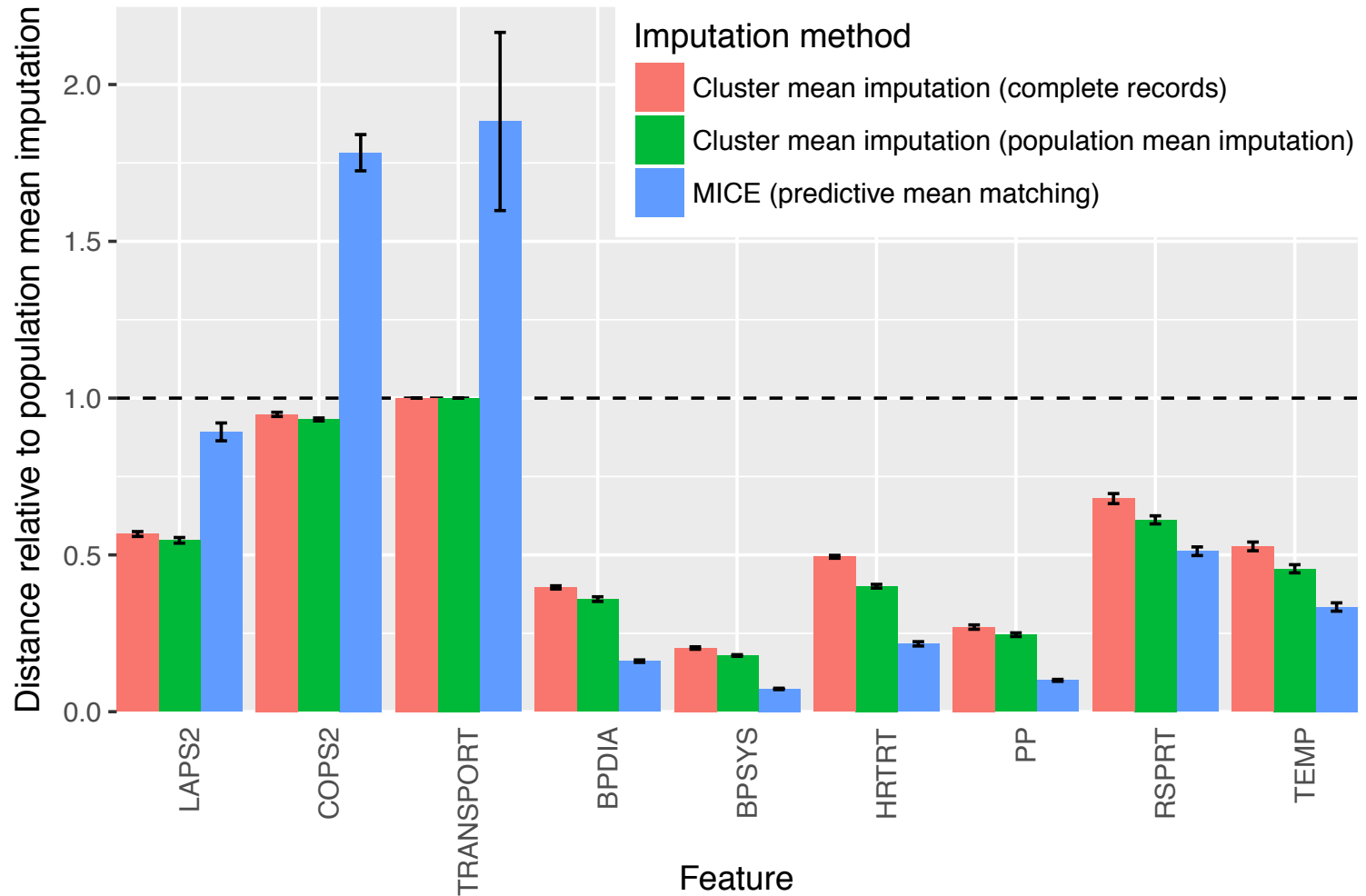
**Median Body Temperature
(12h Post-Admission)**



**Body Temperature Std. Dev.
(12h Post-Admission)**



CMMs Can Enhance Missing Data Imputation Performance



Acknowledgements



- Ana Paula Sales
- Todd Wasson (LinkedIn, formerly of CED/ENG)
- Priyadip Ray
- Brenden Petersen



KPNC

- Dr. Vincent Liu
- John D. Greene
- Jennifer Baker

